

Pathway to Services for Infants and Toddlers with Blindness or Low Vision (BLV)

Early Supports for Infants and Toddlers (ESIT) Practice Guide

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Purpose

The purpose of this Practice Guide is to:

- Describe the role of Blind Low Vision (BLV) specialists in Early Support for Infants and Toddlers (ESIT) services.
- Explain the pathways to providing BLV services for infants and toddlers enrolled in the ESIT program. For information on services for infants and toddlers with both vision and hearing concerns see the Pathways to Services for Infants and Toddlers who are DeafBlind Practice Guide on the [ESIT Practice Guidance webpage](#).

BLV Specialists

“BLV specialist” is a general term used to describe professionals who specialize in providing support to children identified as BLV. BLV specialists represent a number of different disciplines and work both within and outside the ESIT system.

ESIT BLV Specialists

BLV specialists serve as Individualized Family Service Plan (IFSP) team members and provide important services to families. Strategies are individualized for the child’s needs and evolve along with family skills and understanding.

The ESIT program recognizes two types of providers as qualified to provide BLV supports:

- Certified Teachers of Children with Visual Impairment (TCVIs)
- Certified Orientation and Mobility Specialists (COMS).

TCVIs and COMS have completed college-level coursework specifically designed for the education of children with BLV. Other terminology used for TCVI may include Teacher of the Visually Impaired (TVI), Teacher of Students with Visual Impairment (TSVI), Teacher of Students BLV, VI teacher and itinerant vision teacher.

TCVIs and COMS may:

- Interpret medical reports
- Assess visual functioning and related mobility needs
- Conduct environmental needs assessments
- Provide team consultation and training
- Participate in Individualized Family Service Plan (IFSP) design and outcome writing
- Provide parent coaching
- Make referrals for additional services.

In addition, TCVIs may adapt toys and materials for daily living skills and introduce appropriate reading and writing media, such as Pre-Braille. A COMS may teach the use of adaptive mobility devices, such as a pre-cane push toy or a long, white cane. See the [ESIT Qualified Personnel Guidelines](#) for a full list of ESIT service types.

There are four Part C services which a BLV specialist might be listed as providing on an IFSP, depending on the specialist’s skills and qualifications, and the unique needs of the child and family.

TCVIs may be linked to Special Instruction; Vision Services; Family Training, Counseling and Home Visits; or Assistive Technology.

COMS may be linked to Vision Services; Family Training, Counseling and Home Visits; or Assistive Technology.

Other BLV Professionals

Important non-ESIT BLV professionals who may provide medical records, visual diagnoses, explanations of visual abilities and outline medical treatment options include:

- Optometrists
- Ophthalmologists
- Certified para-optometric technicians (CPO, CPOA, CPOT)
- Optometric Vision Therapists: An optometric vision therapist provides neurosensory and neuromuscular activities prescribed by an optometrist. Vision therapy is not within the TCVI or COMS scope of professional responsibilities and is not considered an ESIT service. Vision therapy services can be noted in the Child Health Information section of the IFSP.

Pathways to ESIT Services

Referral and Initial Contact

Gather information from referral sources and parents/caregivers about any vision concerns, prior visual evaluations and assessments, medical records and medical or developmental diagnoses.

Eligibility Determination

Many vision-related diagnoses qualify a child for ESIT services, without having to participate in a standardized eligibility evaluation. See the [ESIT Qualifying Diagnoses List](#) for a list of all diagnoses which confer automatic eligibility.

If a child does not have a qualifying diagnosis, ESIT eligibility will be determined using either standardized developmental evaluation or Informed Clinical Opinion. See the [ESIT Evaluation, Assessment, Eligibility and the Initial IFSP Practice Guide](#) for more information on these pathways.

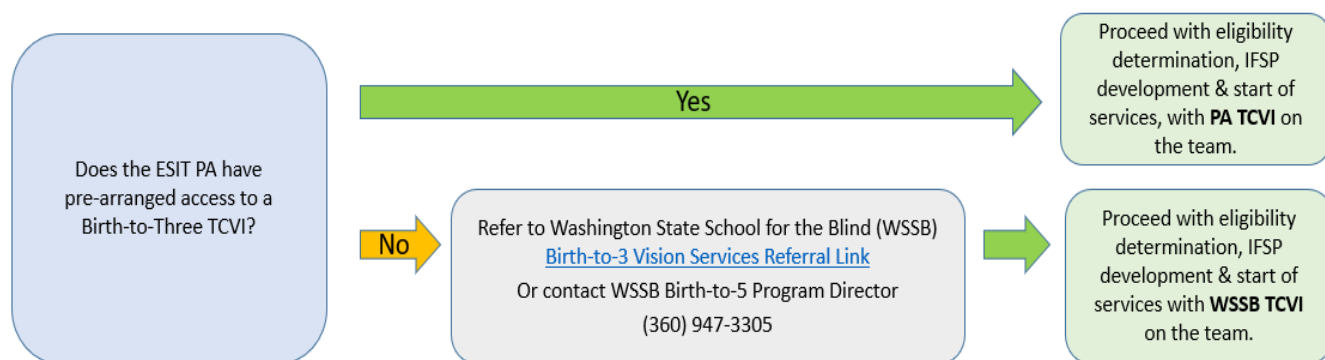
Children who do not already have a vision-related medical diagnosis must have their vision status addressed during the ESIT eligibility determination and assessment process. The ESIT recommended protocol is the Three-Pronged Approach (TPA) to identifying vision and hearing risk factors in infants and toddlers. For more information, see the DCYF TPA training and instructions sheets on the [ESIT Practice Guidance webpage](#).

IFSP Team Formation

When enrolling a child with a diagnosed or suspected BLV condition, seek parent consent to add a BLV specialist to the child's IFSP team as soon as possible.

If the ESIT Provider Agency (PA) does not have pre-arranged access to a birth-to-three BLV specialist, the Family Resources Coordinator (FRC), with parent consent, can contact the Washington State School for the Blind (WSSB) to access BLV specialist services for the child. When in doubt, contact WSSB. See the graphic below for a depiction of this process.

Pathways to ESIT BLV Services



Assessment

BLV specialists conduct vision-related assessments as part of the functional child assessment process. Information gathered about the child's needs and strengths aids in creating functional IFSP outcomes and planning ESIT services. TCVIs conduct the Functional Vision Assessment. They may also screen or assess for specific conditions, such as Cortical Visual Impairment, using tools such as the CVI Range Assessment or the Neonatal Assessment Visual European Grid (NAVEG). The COMS might conduct an Orientation and Mobility assessment. For more information about Functional Vision and Orientation and Mobility assessments, see [Assessments for Students Who Are Blind or Visually Impaired- FamilyConnect](#)

Initial IFSP

The BLV specialist should be considered a full IFSP team member and included in all communication, scheduling and development of the IFSP, including child and family assessment, IFSP meeting and writing of the initial IFSP.

Service Delivery

Families, ESIT PAs, and ESIT BLV specialists partner in a variety of ESIT service delivery arrangements. Below are *a few examples* of possible arrangements. Service arrangements are decided by the IFSP team, based on the unique needs and preferences of the family.

- The family meets in-person with a special educator every two weeks. The family would like a BLV specialist to consult about mealtime concerns. They schedule a virtual visit so a TCVI can observe a meal without altering the family's mealtime routines.
- The family participates in weekly virtual sessions with a physical therapist. Once a month, a COMS works jointly with the physical therapist in the home to support mobility needs.
- The TCVI visits the family home twice a month. Once a month, the FRC joins the session virtually to work on community resource goals.

PATHWAYS TO ESIT BLIND LOW VISION SERVICES

- Following an audiological evaluation, a child with BLV is identified as hard of hearing. The team requests an in-person consultation from the Washington DeafBlind Program to assess the impacts of combined hearing and vision diagnoses on the child's communication development.
- A child who does not have a BLV diagnosis participates in regular speech language pathology (SLP) services. The SLP and family note the child demonstrates some behaviors consistent with vision loss. The SLP advises the family to contact an optometrist to discuss vision concerns and makes a referral to an ESIT BLV specialist for a one-time consultation.

IFSP Reviews and Annual Updates

Sometimes a child is diagnosed with a vision-related condition after they are already enrolled in ESIT services. At any time during a child's enrollment in ESIT:

- The IFSP team, including the family, may hold an IFSP Review and add vision-related outcomes and services to the IFSP.
- The FRC, or other ESIT provider, with parent consent, may take steps to secure birth-to-three BLV services, using the pathways outlined in this document.

The BLV specialists will reassess vision-related development as needed, when required for annual IFSP updates and to prepare for transition.

Transition

A child receiving ESIT BLV services may be potentially eligible for Part B BLV services at three years old. If so, the ESIT FRC should collaborate with school district staff to support the invitation of a school district TCVI and/or COMS to the transition conference. The school district should include a TCVI and/or COMS in:

- Initial evaluation to determine Part B eligibility (Functional Vision Assessment, Orientation and Mobility Assessment, Learning Media Assessment)
- Development of the Individualized Education Program

Resources

[ESIT Qualified Personnel Guidelines](#)

[ESIT Evaluation, Assessment, Eligibility and the Initial IFSP Practice Guide](#)

[ESIT Qualifying Diagnoses List](#)

[Typical Roles and Responsibilities of VI Professionals](#)

[Assessments for Students Who Are Blind or Visually Impaired- FamilyConnect](#)

[The CVI Range](#)

[Neonatal Assessment Visual European Grid \(NAVEG\): Unveiling neurological risk](#)

Washington State School for the Blind (WSSB)

- WSSB [Birth-to-3 Vision Services Referral Link](#)
- WSSB Birth to 5 Program Director (360) 947-3305

Washington Sensory Disabilities Services (WSDS)

Washington DeafBlind Program

Citations

Individuals with Disabilities Education Act Part C

- Types of Early Intervention Services, [34 C.F.R. § 303.13\(b\) \(2023\)](#).
- Content of an IFSP. Information about a child's status, [34 C.F.R. § 303.344\(a\) \(2023\)](#).

ESIT Policies and Procedures

- Vision specialist. 2.A.12(l)(13)
- Vision services. 2.A.12(k)(18)
- Infants and toddlers with disabilities. 2.A.23(a)(1)(ii)

Washington Administrative Code

- [Early intervention services WAC 110-400-0030 \(g\)](#)